

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

YONG CAO
CHI ZHANG

CASE NO: UA0029 US NA

APPLICATION NO.: 09/725,694

GROUP ART UNIT: 1733

FILED: NOVEMBER 29, 2000

EXAMINER: UNKNOWN

FOR: HIGH RESISTANCE POLYANILINE USEFUL
IN HIGH EFFICIENCY PIXELLATED
POLYMER ELECTRONIC DISPLAYS

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INFORMATION DISCLOSURE STATEMENT

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Sir:

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Should any fee be required in connection with the filing of this Information Disclosure Statement, please charge such fee to Deposit Account No. 04-1928 (E. I. du Pont de Nemours and Company).

Respectfully submitted,

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Dated: April 11, 2001

1733

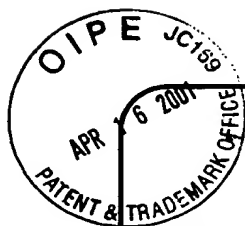
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PTO/SB/21(08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/725,694	
	Filing Date	NOVEMBER 29, 2000	
	First Named Inventor	YONG CAO ET AL.	
	Group Art Unit	1733	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission	4	Attorney Docket Number	UA0029 US NA

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below):
Remarks		

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Firm or Individual name	CHEN WANG
Signature	
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